



DEPARTMENT OF RESOURCE MANAGEMENT

Planning Division

1855 Placer Street, Suite 102

Redding, California 96001

Phone: (530) 225-5532 Fax: (530) 245-6468

Web: shastacounty.gov/planning Email: resourcemanagement@co.shasta.ca.us

Certificate of Compliance Application Checklist

The following checklist is intended to identify all information which will be necessary to process your certificate of compliance application. This checklist may be modified occasionally without notice, so be sure to check with Planning Staff for updates.

INFORMATION TYPE AND NUMBER OF COPIES:

- [] 1. Completed "Certificate of Compliance Application Checklist" form, noting any items which are not applicable.
- [] 2. One completed original Planning Division Master Application form (typed or printed). Representative (if any) shall sign on the Master Application Form.
- [] 3. Completed and notarized "Statement of Agency" (form attached), if property owner(s) wish to authorize an agent to represent them in the processing of the application.
- [] 4. Written narrative or letter stating the reason for why the Certificate of Compliance is requested, original plus three copies.
- [] 5. Current (no older than one month) preliminary title report for the parcel.
- [] 6. Current legal description for the parcel.
- [] 7. Assessor's Page(s) showing the parcel for which the certificate is requested.
- [] 8. Evidence of when the parcel was created, including: 1) reference to the book and page of the recorded parcel or final map, property line adjustment, parcel map waiver, certificate of compliance and/or 2) Complete chain of title for subject property including a copy of the recorded deed(s), which first established the property to its current configuration and all deeds since. In the case of violations, submit information documenting the violation.
NOTE: A title company can assist in preparing and/or providing this information.
- [] 9. Payment of the appropriate non-refundable filing fees.



DEPARTMENT OF RESOURCE MANAGEMENT PLANNING DIVISION

1855 Placer Street, Suite 103
Redding, California 96001
Phone: (530) 225-5532 Fax: (530) 245-6468
Web: shastacounty.gov/planning
Email: scplanning@co.shasta.ca.us

PLANNING DIVISION MASTER APPLICATION

Application No: _____

APPLICANT:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

PROPERTY OWNER:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

AGENT:

Name: _____ Phone: _____

Mailing Address: _____

City: _____ State/Zip: _____ Email: _____

| <u>PROJECT ADDRESS (or specific location)</u> | <u>LOT SIZE (Acreage)</u> | <u>ASSESSOR'S PARCEL NUMBER (S)</u> |
|---|---------------------------|-------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TYPE OF APPLICATION

- | | | |
|--|---|--|
| <input type="checkbox"/> Administrative Permit Commercial | <input type="checkbox"/> Use Permit | <input type="checkbox"/> Interim Management Plan |
| <input type="checkbox"/> Administrative Permit Residential | <input type="checkbox"/> General Plan Amendment | <input type="checkbox"/> Planning Director's Zoning Interpretation |
| <input type="checkbox"/> Zone Permit Commercial | <input type="checkbox"/> Zone Amendment | <input type="checkbox"/> Pre Application |
| <input type="checkbox"/> Zone Permit Residential | <input type="checkbox"/> Tract Map | <input type="checkbox"/> General Plan Consistency Determination |
| <input type="checkbox"/> Certificate of Compliance | <input type="checkbox"/> Parcel Map | <input type="checkbox"/> Written Land Use Verification |
| <input type="checkbox"/> Property Line Adjustment | <input type="checkbox"/> Reversion to Acreage | <input type="checkbox"/> Williamson Act Contract |
| <input type="checkbox"/> Variance | <input type="checkbox"/> Airport Land Use | <input type="checkbox"/> Minor Modification: _____ |
| <input type="checkbox"/> Short Term Rental | <input type="checkbox"/> Specific Plan | <input type="checkbox"/> Extension of Time: _____ |
| | <input type="checkbox"/> Reclamation Plan | <input type="checkbox"/> Other: _____ |

STAFF USE ONLY:

Related Applications: _____ Fire District: _____

Adjacent Zoning/GP: N _____ S _____ E _____ W _____

Zoning/General Plan: _____ Project Description: _____

Received By: _____ Date: _____

Generally, Zoning Permits and Residential Administrative Permits will not require the completion of the following sections: "Hazardous Site Review Statement", "Hazardous Materials Disclosure Statement", or "Military Land Use Compatibility", as part of this Application Form. These sections must be completed for all applications that require Planning Commission and/or Board of Supervisors approval.

I/We, the applicant, certify that the following responses are true and correct. Yes No

HAZARDOUS MATERIALS DISCLOSURE STATEMENT

Government Code Section 65850.2 requires the owner or authorized agent for any development project to disclose whether:

1. Compliance will be needed with the applicable requirements of Section 25505 and Article 2 (commencing with Section 25531) of Chapter 6.95 of Division 20 of the Health and Safety Code or the requirements for a permit for construction or modification from the air pollution control district or air quality management district exercising jurisdiction in the area governed by the County.

Yes No

2. The proposed project will have more than a threshold quantity of regulated substance in a process or will contain a source or modified source of hazardous air emissions.

Yes No

HAZARDOUS SITE REVIEW STATEMENT

Government Code Section 65962.5 (f) requires the applicant for any development project to consult specified state-prepared lists and submit a signed statement to the local agency indicating whether the project is located on an identified site. Under the statute, no application can be accepted as complete without this signed statement.

I/We certify that I/We have investigated this development project with respect to the Cal EPA's Cortese List Data Resources webpage and that my/our answers are true and correct to the best of my/our knowledge. My/Our investigation has shown that:

The project is NOT located on any of the lists compiled pursuant to Section 65962.(e) of the Government Code.

The project IS located on one of the lists compiled pursuant to Section 65962.(e) of the Government Code. Please specify the list, the date of the list, and the property's regulatory identification number:

MILITARY LAND USE COMPATIBILITY

Using the California Military Land Use Compatibility Analyst website, the owner or authorized agent has determined whether the project is located within 1,000 feet of a military installation, beneath a low-level flight path or within special use airspace as defined in Section 21098 of the Public Resources Code, and within an urbanized area as defined by Government Code Section 65944.

Yes No

BY SIGNING THIS APPLICATION, THE APPLICANT/PROPERTY OWNER AGREES TO DEFEND, INDEMNIFY, AND HOLD THE COUNTY HARMLESS FROM ANY CLAIM, ACTION, OR PROCEEDING BROUGHT TO ATTACK, SET ASIDE, VOID, OR ANNUL THE COUNTY'S APPROVAL OF THIS APPLICATION AND ENVIRONMENTAL REVIEW ASSOCIATED WITH THE PROPOSED PROJECT, AS MORE FULLY DESCRIBED IN CHAPTER 1.18 OF THE SHASTA COUNTY CODE.

APPLICANT/AGENT: I have reviewed this application and attached material. The information provided is accurate.
If other than the owner, this signature must be accompanied by a Shasta County notarized statement of agency form.

Signed: _____ Date: _____

PROPERTY OWNER: I have read this application and consent to its filing. **THIS SIGNATURE IS REQUIRED**

Signed: _____ Date: _____



DEPARTMENT OF RESOURCE MANAGEMENT

Planning Division

1855 Placer Street, Suite 103

Redding, California 96001

Phone: (530) 225-5532 Fax: (530) 245-6468

Web: shastacounty.gov/planning Email: resourcemanagement@co.shasta.ca.us

Notarized Statement of Agency

I, the undersigned, am an owner of a record title interest in the property involved with this proposed project.

I hereby appoint _____ as my agent(s) for purposes of this project, as set forth below.

My agent(s) is/are hereby authorized and empowered to: (check as appropriate)

Represent me in all matters relating to the proposed project, except execution of certificates of ownership, offers of dedication, dedications, and agreements to construct improvements;

OR

Submit the application(s) and related information to the Planning Division;

Represent me before the Planning Commission or Board of Supervisors;

Consent to conditions imposed if and when the application(s) is/are approved;

Represent me before the Board of Supervisors in case of appeal.

I agree to be bound by all the representations, drawings and statements tendered by my agent(s) to the County of Shasta for purposes of this proposed project as if the same were made by me personally. I further agree to be bound by all the conditions imposed by the County of Shasta on the approval of this proposed project pursuant to State law and the Shasta County Ordinance Code.

I understand that I may revoke the authority granted by this statement at any time by written notice sent to: Department of Resource Management, Planning Division, 1855 Placer Street, Suite 103, Redding, CA 96001.

SIGNATURE OF OWNER(S):

(Note: Signature of Owner(s) must be notarized)

Notarized Statement of Agency

ACKNOWLEDGMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California, County of Shasta

On _____ before me, _____, **Notary Public**, personally appeared

_____ who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph is true and correct.

WITNESS my hand and official seal.

Signature _____

(Seal)